

Utah Department of Health, Child Care Licensing
Department of Workforce Services (DWS) Child Care Approval
Initial Background Screening Authorization and Release Form

PROVIDER INFORMATION

Name: _____ Phone #: (____) _____

Mailing Address _____ City _____ Zip Code _____

Street Address where care will be provided _____ City _____ Zip Code _____

- Enter your information in Covered Individual's Information table. Then read the Background Screening Authorization and Release Statement and check the box that you agree with the statement.
- If child care is/will be provided in **your home**: Have each person age 12-years-old and older who lives in the home enter his/her information in the Covered Individual's Identifying Information table.
- If child care is/will be provided in **the child(ren)'s home**: Have each person age 12-years-old and older (except the parents or guardians requesting DWS child care assistance and siblings less than 18-years-old) who lives in the home enter his/her information in the Covered Individual's Identifying Information table.
- Have each person 18-years-old and older read the Background Screening Authorization and Release Statement (below) and check the box that he/she agrees with the statement.
- Have the parents/guardians of each person less than 18-years-old read the Background Screening Authorization and Release Statement (below) and check the box that he/she agrees with the statement.

Individuals 18-years-old or older who have not lived in Utah continuously for the past five years need to submit fingerprints (cards will be mailed to you) and a \$34.75 fingerprint processing fee.

THIS IS A LEGAL CONSENT TO RUN A BACKGROUND SCREENING.

EACH INDIVIDUAL (OR PARENT GUARDIAN FOR INDIVIDUALS YOUNGER THAN 18-YEARS-OLD) MUST ENTER HIS/HER OWN INFORMATION.

COVERED INDIVIDUALS' INFORMATION

	Birth Date	Sex M/F	Social Security Number	Drivers License or Utah ID Number	
PROVIDER - Full Name: _____ Maiden Name, previous Married Names, Aliases: _____ <input type="checkbox"/> I have not lived in Utah continuously for the past 5 years and am at least 18-years-old. <input type="checkbox"/> I am a refugee who resettled directly to UT. Date of Entry _____ <input type="checkbox"/> I agree with the Background Screening Authorization and Release Statement.					
COVERED INDIVIDUAL - Full Name: _____ Maiden Name, previous Married Names, Aliases: _____ <input type="checkbox"/> I have not lived in Utah continuously for the past 5 years and am at least 18-years-old. <input type="checkbox"/> I am a refugee who resettled directly to UT. Date of Entry _____ <input type="checkbox"/> I agree with the Background Screening Authorization and Release Statement.					
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BACKGROUND SCREENING AUTHORIZATION AND RELEASE STATEMENT

I hereby authorize the processing of this criminal background screening according to Utah Code 35A-3-310.5. I authorize the investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in the denial of my screening. I also hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of or resulting from furnishing such information. I swear the information provided is true and correct to the best of my knowledge.

(If needed, you can copy this page for additional individuals.)

Submit the application and required documentation to:
Utah Department of Health, Child Care Licensing - DWS Child Care Approvals

Mailing Address:

**PO Box 142003
Salt Lake City, UT 84114-2003**

Fax Number:

801-237-0774

E-mail Address

jisom@utah.gov